

CJA 24 AUTHORIZATION AND VOUCHER TRANSCRIPT

1. CIR./DIST./DIV. CODE 0090		2. PERSON REPRESENTED JEAN MARSHALL		VOUCHER NUMBER 0090.1611100	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:22-CR-00096-5-CKK		5. APPEALS DKT./DEF. NUMBER 23-3156	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. HANDY et al		8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE Criminal Case			

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense*
18:241.F,18:248.M

REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) For use in trial in US v. Handy (second group) which is scheduled to begin on September 6, 2023	
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14.) Copies of trial transcript of testimony (and not voir dire, opening statements, or closing statements in US v. Handy, 22-CR-96 trial which occurred from August 9, 2023 to August 29, 2023 (trial testimony portions should be from approximately August 15, 2023 to August 24, 2023)	
14. SPECIAL AUTHORIZATIONS	
A. Apportioned 0% of transcript with (Give case name and defendant)	
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> 3-Day <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript	
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	
JUDGE'S INITIALS	

15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="display: flex; justify-content: space-between;"> <div> <u>John Machado /S/</u> Signature of Attorney <u>John Machado</u> Printed Name Telephone: <u>703-989-0840</u> </div> <div> <u>09/04/2023 12:15:01</u> Date </div> </div>		16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in item 15 is hereby granted. <div style="display: flex; justify-content: space-between;"> <div> <u>Colleen Kollar-Kotelly /S/</u> Signature of Presiding Judicial Officer or By Order of the Court <u>09/10/2023 15:28:21</u> Date of Order </div> <div> <u>Nunc Pro Tunc Date</u> </div> </div>	
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CLAIM FOR SERVICES

17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other		18. PAYEE'S NAME Tamara M. Sefranek MAILING ADDRESS (First Name, M.I., Last Name, Including any suffix). 333 Constitution Avenue, NW Room 6714 Washington, DC 20001 Telephone: <u>202-354-3246</u>	
19. SOCIAL SECURITY OR EMPLOYER ID NUMBER OF PAYEE XX-XXXXXXX			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO OF PAGES	RATE PER PAGE
Original	-----		
Copy		158	\$0.90
Expense (Itemize)			
SUB TOTAL			\$142.20
LESS AMOUNT APPORTIONED			\$0.00
TOTAL			\$142.20
TOTAL AMOUNT CLAIMED			\$142.20

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED
I hereby certify that the above claim for services rendered is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Tamara M Sefranek /S/ Date 9/22/2023

ATTORNEY CERTIFICATION

22. CERTIFICATION OF ATTORNEY OR CLERK. I hereby certify that the services were rendered and that the transcript was received.

John Machado /S/ 10/09/2023 19:41:09
Signature of Attorney or Clerk Date

APPROVED FOR PAYMENT - COURT USE ONLY

23. APPROVED FOR PAYMENT <u>Colleen Kollar-Kotelly /S/</u> Signature of Judicial Officer or Clerk of the Court <u>10/11/2023 06:24:44</u> Date		24. AMOUNT APPROVED \$142.20
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Voucher Services Detail

Date	Service Type	Description	Incl. Page Numbers	No. of Pages	Rate Per Page	Apportioned	Adjusted	Total	Audit Amount	Audit Notes
9/22/2023	Copy	8/16/23 - USA v. Handy - miscellaneous witnesses		158	\$0.90	\$0.00	\$0.00	\$142.20		

Voucher Expenses Detail

No Expenses Reported

Submission Notes

Public Notes

(No Notes)

Private Notes

(No Notes)